



Tennessee Department of Environment and Conservation
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex
Nashville, TN 37243-1534
(615) 532-0625

SOP-01039

APPLICATION FOR A STATE OPERATION PERMIT (SOP)

Type of application: ☐ New Permit ☒ Permit Reissuance ☐ Permit Modification

Permittee Identification: (Name of city, town, industry, corporation, individual, etc., applying, according to the provisions of Tennessee Code Annotated Section 69-3-108 and Regulations of the Tennessee Water Quality Control Board.)	
Permittee Name (applicant):	Horsehead Corporation
Permittee Address:	199 Truck Route Rockwood, TN 37854

Official Contact:	Title or Position:		
Sally Almond	Sr. EHS Specialist		
Mailing Address:	City:	State:	Zip:
199 Truck Route	Rockwood	TN	37854
Phone number(s):	E-mail:		
865-354-2544	salmond@horsehead.net		

Optional Contact:	Title or Position:		
Tim Basilone	V.P. Environmental Affairs		
Address:	City:	State:	Zip:
4955 Steubenville Pike Ste 405	Pittsburgh	PA	15205
Phone number(s):	E-mail:		
724-773-2223	tbasilone@horsehead.net		

Application Certification (must be signed in accordance with the requirements of Rule 1200-4-5-.05)		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Name and title, print or type	Signature	Date
TIMOTHY R. BASILONE VICE PRESIDENT- ENVIRONMENTAL AFFAIRS		2-17-11

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TN Division Of Water
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Permit Number: SOP-_____

Facility Identification:		Existing Permit No.	
Facility Name: <u>Horsehead Corporation</u>		County: <u>Roane</u>	
Facility Address or Location: <u>199 Truck Route</u> <u>Rockwood, TN 37854</u>		Latitude: <u>035°51'49"</u>	
		Longitude: <u>084°41'41"</u>	
Name and distance to nearest receiving waters: <u>nearest water tributary of black creek 100'</u>			
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list their permit numbers: <u>none</u>			
Name of company or governmental entity that will operate the permitted system: <u>Horsehead Corporation</u>			
Operator address: <u>199 Truck Route Rockwood, TN 37854</u>			
Has the owner/operator filed for a Certificate of Convenience & Necessity (CCN), or an amended CCN, with the Tennessee Regulatory Authority (TRA) (may be required for collection systems and land application treatment systems)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If the applicant listed above does not yet own the facility/site or if the applicant will not be the operator, explain how and when the ownership will be transferred or describe the contractual arrangement and renewal terms of the contract for operations.			
Complete the following information explaining the entity type, number of design units, and daily design wastewater flow:			
<u>Entity Type</u>	<u>Number of Design Units</u>		<u>Flow (gpd)</u>
<input type="checkbox"/> City, town or county	No. of connections:		
<input type="checkbox"/> Subdivision	No. of homes:	Avg. No. bedrooms per home:	
<input type="checkbox"/> School	No. of students:	Size of cafeteria(s):	
		No. of showers:	
<input type="checkbox"/> Apartment	No. of units:	No. units with Washer/Dryer hookups:	
		No. units without W/D hookups:	
<input type="checkbox"/> Commercial Business	No. of employees:	Type of business:	
<input checked="" type="checkbox"/> Industry	No. of employees: <u>50</u>	Product(s) manufactured: <u>Crude Zinc Oxide</u>	
<input type="checkbox"/> Resort	No. of units:	<u>Iron Rich Material</u>	
<input type="checkbox"/> Camp	No. of hookups:		
<input type="checkbox"/> RV Park	No. of hookups:	No. of dump stations:	
<input type="checkbox"/> Car Wash	No. of bays:		
<input type="checkbox"/> Other			
Describe the type and frequency of activities that result in wastewater generation.			

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Engineering Report (required for collection systems and/or land application treatment systems):		<input type="checkbox"/> N/A
<input type="checkbox"/> Prepared in accordance with Rule 1200-4-2-.03 and Section 1.2 of the Tennessee Design Criteria (see website for more information) <input type="checkbox"/> Attached, or <input type="checkbox"/> Previously submitted and entitled: _____		
Approved? <input type="checkbox"/> Yes. Date: _____		<input type="checkbox"/> No

Wastewater Collection System:		<input type="checkbox"/> N/A
System type (i.e., gravity, low pressure, vacuum, combination, etc.): _____		
System Description: _____		
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.): _____		
In the event of a system failure describe means of operator notification: _____		<div style="font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">FEB 17 2011</div> <div style="font-size: 0.8em; font-weight: bold;">TN Division Of Water Pollution Control</div>
List the emergency contact(s) (name/phone): _____		
For low-pressure systems, who is responsible for maintenance of grinder pumps and septic tanks (list all contact information)? _____		
Approximate length of sewer (excluding private service lateral): _____		
Number/hp of pump stations: _____ / _____		Number/hp of grinder pumps _____ / _____
Number/volume of low pressure pump tanks _____ / _____		Number/volume septic tanks _____ / _____
Attach a schematic of the collection system. <input type="checkbox"/> Attached		
If you are tying in to another system complete the following section, listing tie-in points to public sewer system and their location (attach additional sheets as necessary):		
<u>Tie-in Point</u>	<u>Latitude (xx.xxxx°)</u>	<u>Longitude (xx.xxxx°)</u>

Land Application Treatment System:		<input type="checkbox"/> N/A
Type of Land Application Treatment System: <input type="checkbox"/> Drip <input type="checkbox"/> Spray <input type="checkbox"/> Other, explain: _____		
Type of treatment facility preceding land application (recirculating media filters, lagoons, other, etc.): _____		
Attach a treatment schematic. <input type="checkbox"/> Attached		
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.): _____		
For land application, list: <input type="checkbox"/> Proposed acreage involved: _____		<input type="checkbox"/> Inches/week to be applied: _____
Describe how access to the treatment area will be restricted if wastewater disinfection is not proposed: _____		
Attach required additional Engineering Report Information (see website for more information)		
<input type="checkbox"/> Topographic map (1:24,000 scale presented at a six inch by six inch minimum size) showing the location of the project including GPS coordinates, latitude and longitude in decimal degrees should also be included. <input type="checkbox"/> Scaled layout of facility showing the following: lots, buildings, etc. being served, the wastewater collection system routes, the pretreatment system location, the proposed land application area(s), roads, property boundaries, and sensitive areas such as streams, lakes, springs, wells, wellhead protection areas, sinkholes and wetlands. <input type="checkbox"/> Soils information for the proposed land disposal area in the form of an extra high intensity soils map (50 foot grid stake). The soils information should include soil depth (borings to a minimum of 4 feet or refusal) and soil profile description for each soil mapped. <input type="checkbox"/> Topographic map of the area where the wastewater is to be land applied with no greater than two-foot contours presented at a minimum size of six inches by six inches. <input type="checkbox"/> Describe alternative application methods based on the following priority rating: (1) connection to a municipal/public sewer system, (2) connection to a conventional subsurface disposal system as regulated by the Division of Groundwater Protection, and/or (3) land application.		

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Pump and Haul:	<input type="checkbox"/> N/A
Reason system cannot be served by public sewer:	
Distance to the nearest manhole where public sewer service is available:	
When sewer service will be available:	
Volume of holding tank: _____ gal.	
Tennessee licensed septage hauler (attach copy of agreement):	
Facility accepting the septage (attach copy of acceptance letter):	
Latitude and Longitude (in decimal degrees) of approved manhole for discharge of septage:	
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.):	

Holding Ponds (for non-domestic wastewater only):	<input type="checkbox"/> N/A
Pond use: <input checked="" type="checkbox"/> Recirculation <input type="checkbox"/> Sedimentation <input type="checkbox"/> Cooling <input type="checkbox"/> Other (describe):	
Describe pond use and operation: <i>Various process water needs</i>	
If the pond(s) are existing pond(s), what was the previous use?	
Have you prepared a plan to dispose of rainfall in excess of evaporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>expect no excess > 2 ft of 6 in pond</i>	
If so, describe disposal plan:	
Is the pond ever dewatered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If so, describe the purpose for dewatering and procedures for disposal of wastewater and/or sludge:	
Is(are) the pond(s) aerated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Volume of pond(s): _____ gal. <i>~2.9 million</i> Dimensions: <i>~3 acres</i>	
Is the pond lined (Note if this is a new pond system it must be lined for SOP coverage. Otherwise, you must apply for an Underground Injection Control permit.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the liner material (if soil liner is used give the compaction specifications): <i>earthen</i>	
Is there an emergency overflow structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If so, provide a design drawing of structure.	
Are monitoring wells or lysimeters installed near or around the pond(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If so, provide location information and describe monitoring protocols (attach additional sheets as necessary):	

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Mobile Wash Operations:		<input type="checkbox"/> N/A
<input type="checkbox"/> Individual Operator <input type="checkbox"/> Fleet Operation Operator		
Indicate the type of equipment, vehicle, or structure to be washed during normal operations (check all that apply): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Cars <input type="checkbox"/> Trucks <input type="checkbox"/> Trailers (Interior washing of dump-trailers, or tanks, is prohibited.) <input type="checkbox"/> Other (describe): </div> <div style="width: 48%;"> <input type="checkbox"/> Parking Lot(s): sq. ft. <input type="checkbox"/> Windows: sq. ft. <input type="checkbox"/> Structures (describe): </div> </div>		
Wash operations take place at (check all that apply): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Car sales lot(s) <input type="checkbox"/> Private industry lot(s) <input type="checkbox"/> County(ies), list: </div> <div style="width: 48%;"> <input type="checkbox"/> Public parking lot(s) <input type="checkbox"/> Private property(ies) <input type="checkbox"/> Statewide </div> </div>		
Wash equipment description: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Truck mounted <input type="checkbox"/> Rinse tank size(s) (gal.): <input type="checkbox"/> Collection tank size(s) (gal.): Pressure washer: psi (rated) gpm (rated) Vacuum system manufacturer/model: </div> <div style="width: 48%;"> <input type="checkbox"/> Trailer mounted <input type="checkbox"/> Mixed tanks size(s) (gal.): Number of tanks per vehicle: Pressure washer: <input type="checkbox"/> gas powered <input type="checkbox"/> electric Vacuum system capacity: inches Hg </div> </div>		
Describe any other method or system used to contain and collect wastewater:		
List the public sewer system where you are permitted or have written permission to discharge waste wash water (include a copy of the permit or permission letter):		
Are chemicals pre-mixed, prior to arriving at wash location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe all soaps, detergents, or other chemicals used in the wash operation (attach additional sheets as necessary):		
Chemical name:	Manufacturer:	Primary CAS No. or Product No.

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Received Date	Permit Number SOP	Field Office	Reviewer
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